U S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Prince and a second			
1. File Number U - 509.5	2. Fiscal Year Covered From:		
	01/1/2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN P SULLIVAN	Name TenmsTers Local 807		
	Labor Organization File Number <i>Dでは 3の</i>		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 108 WAgon LAWE WEST	Street 32-43-4974 STreeT		
City CenTereacH	city Long Island E.Ty		
State New york ZIP Code + 4 /1720	State New York ZIP Code + 4 11103		
5. Position in labor organization. Secretary Treasu	rer		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Sileet			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed John Sullwan	on 8/5/04 718-726-2325		
	Date Telephone Number		

Name of Person Filing Jolln Sullivan	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 807 LABOR - MANAgement Funds	
Trade Name, if any:	a. Labor Organization  b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 32 · 43 49Th STreeT	Toward 1
City Long Island CiTy  State New York ZIP Code + 4 /// 03	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Benefit Consulting And Actuarial
Name	Benefit Consulting And Actuarial Services For Local 807 LABOR MONT. Funds SHARE ABUILDING W/ BOCAL 807 ONION
Trade Name, if any:	Sime Histitating Wy social so Touring
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Lunchs Provided For TrussTe Omeetings 1/14/04 - 2/11/04 - 3/9/04 - 4/13/04 - 6/8/04 9/20/04 - 11/9/04 - 12/14/04 AT \$20.00 each
	12.b. Amount. 4/60.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing John Sullivan	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name Local 807 Labor Maragnew Truncls  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 32-43 49TH STree T  City Long Island City  State New York ZIP Code + 4 11103	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Benefit Congulting And Actuarial Services For Local 807 LABOR Mgnt Funds SHARE A Building W/ Socal 807 Union
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Educational Seminar Segat Advisors Dorado Beach, RR. 4/25/04 - 4/28/04
	12.b. Amount. \$2./84.60
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Jo Hw Sullivaw		File Number <b>U-</b>	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Local Su7 LaBor Management Fund Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any Street 32-43 4974 STreeT	c. Employer		
City Long Island CITY State New York ZIP Code + 4 /1163			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name			
Trade Name, if any:	Services For Funds SHARE	NSULTING AND ACTUARINE LOCAL SOT LABON DENT ABUILDLY WILDCAL SOTUNION	
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value	e of such dealing.	
Oity	12.a. Nature of interest held	or income received.	
State ZIP Code + 4	Education AL S Orlando Ela	Semmar 2122104-2125104 PTIDA New Trustee	
	12.b. Amount.	1 346-00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	•	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		,	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jolla Sullium		File Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Park Avenue  City New York  State New York  ZIP Code + 4 10016-5895	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.		
Name Local 807 LABBE MANAGEMENT Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		Consulting For or mgn. Fund		
Street 32-43 4974 STreeT	11.b. Approximate dollar value	e of such dealing		
City Long Island P.TY	12.a. Nature of interest held			
State New York ZIP Code + 4 11103	Dinner PAId AT Education 2/23/04	For By SegAt Co. L Seminar Orlando FLA.		
	12.b. Amount.	\$ 29.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or parts A and B above) or other thing of value.  14.a. Nature of payment.			
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City		·		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing	File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to or otherwise
8. Name and address of Business (including trade name, if any).  Name Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Park Avenue  City New York  State New York  ZIP Code +4 10016-5895	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Local 807 Labor OManagement Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 32-43 4974 S. Tree T	11.a. Nature of such dealing.  Ben EF. T CONSULTING AND  ACTUACIAL SERVICES FOR 802 LABOR OMGNT.  FUND
	11.b. Approximate dollar value of such dealing.
State New York ZIP Code + 4 11103	12.a. Nature of interest held or income received.  PAID FOR GOLF AT EDUCATIONAL SEMINAR IN DORADO BEACH, P.R. WITH SEGAL Actusors
	12.b. Amount. 975.60
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Jo HN SullivaN	File Number U-		
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8. Name and address of Business (including trade name, if any).  Name Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Owe Park Muenue  City New York ZIP Code + 4 [0016-5895]	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name 807 LABOR MARAGEMENT Functs  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 32-43.497H STREET  City Leng ISLAND CITY	11.a. Nature of such dealing.  Benefit Cows of ting Services  For Local 867 Labor angut. Fond  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	ls	
State New York ZIP Code + 4 //103	DINNER AT Educational Seminar Paid For By Segat Company IN Dorado Beach P.R.  12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	*	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	14.a. Nature of payment.		
City			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		